



## SUGGESTED MONTHLY ABOVEGROUND PETROLEUM STORAGE TANK INSPECTION CHECK OFF LIST

**Owners of regulated petroleum AST's are required by New Hampshire rule [Env-Wm 1402.29 (a)] to inspect their AST facilities not less than monthly.**

This inspection form is intended to assist owners/operators of AST facilities on what items to inspect and conditions to look for when inspecting their facility. Because each AST facility is different, some of the elements contained on the inspection check off list may not apply to a particular facility, therefore, facility owners can use this form and enter "N/A" for those items on the inspection form that do not apply.

NOTE: Response in ***bold italics*** are considered as the 'no action' responses

FACILITY NAME:  
LOCATION:

DATE:  
INSPECTOR:

ITEM	RESULTS		COMMENTS	PROPOSED CORRECTIVE ACTION
<b>TANK AREA</b>				
Leaks from tanks	yes <input type="checkbox"/>	<b><i>no</i></b> <input type="checkbox"/>	If so, tank No.	
Piping Leak	yes <input type="checkbox"/>	<b><i>no</i></b> <input type="checkbox"/>	If so, tank No.	
Stained soil	yes <input type="checkbox"/>	<b><i>no</i></b> <input type="checkbox"/>		
Adequate Free board (e.g. excess snow/ice)	<b><i>yes</i></b> <input type="checkbox"/>	no <input type="checkbox"/>		
Dike condition	<b><i>sat</i></b> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Height of dike walls diminished from designed height	yes <input type="checkbox"/>	<b><i>no</i></b> <input type="checkbox"/>		
Visible sheen on standing water in dikes	yes <input type="checkbox"/>	<b><i>no</i></b> <input type="checkbox"/>		
If not, was the standing Water drained?	<b><i>yes</i></b> <input type="checkbox"/>	no <input type="checkbox"/>		
Grass height, weeds, debris	<b><i>sat</i></b> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Level of standing water in dikes	<b><i>none</i></b> <input type="checkbox"/>	in _____		
Storm water drains away	<b><i>yes</i></b> <input type="checkbox"/>	no <input type="checkbox"/>		
Is the dike valve closed and locked? (or the plug in place?)	<b><i>yes</i></b> <input type="checkbox"/>	no <input type="checkbox"/>		

ITEM	RESULTS		COMMENTS	PROPOSED CORRECTIVE ACTION
Condition of piping: corrosion	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
paint	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
supports	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
High level alarms condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Tank Label condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Condition of outlet piping	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Valves locked closed when not in use	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Drawoffs locked closed when not in use	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Tank shell and roof: discoloration	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
corrosion	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
cracks	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
bulging	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
paint	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Tank foundation: cracking of ring wall	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
uneven settlement	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
cracking of cradle	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
loosened anchor bolts	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
all openings liquid tight	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Check for <u>water</u> level in tanks	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Drain water drawoff	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Roof vents clear	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
PV vent operates freely (where required)	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Level gauging equipment condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Oil/water separator condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Safety equipment in place and operative	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		

ITEM	RESULTS		COMMENTS	PROPOSED CORRECTIVE ACTION
Oil spill response and clean up supplies available	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Leak detection equipment condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
<b>RACK/TRANSFER AREA</b>				
Leaks from equipment	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
Stained concrete/wood/gravel	yes <input type="checkbox"/>	<i>no</i> <input type="checkbox"/>		
Drainage unimpeded	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Safety equipment in place and operative	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Grounding clamps and cables condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Electrical equipment condition	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		
Fire extinguishers in place	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Remote shut down devices	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
No smoking signs	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Engine off signs	<i>yes</i> <input type="checkbox"/>	no <input type="checkbox"/>		
Condition of signage	<i>sat</i> <input type="checkbox"/>	unsat <input type="checkbox"/>		

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: (print or type): \_\_\_\_\_